

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PLACE OF DEATH		MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH	
County	<u>St. Francois</u>	Registration District No.	<u>775</u>
Township	<u>Perry</u>	File No.	<u>34000</u>
Village	<u>Perry</u>	Primary Registration District No.	<u>6020</u>
City	<u>Bonnet Terre MO.</u>	Registered No.	<u>87</u>
FULL NAME <u>Margaret Adelia Perry</u>		St.	Ward
		[If death occurred in a hospital or institution give its NAME instead of street and number]	
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX	COLOR OR RACE	DATE OF DEATH	
<u>Female</u>	<u>white</u>	<u>Oct 2nd</u> , 191 <u>2</u>	
SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)		(Month) (Day) (Year)	
<u>Single</u>			
DATE OF BIRTH		I HEREBY CERTIFY, that I attended deceased from	
<u>July 23</u> , 191 <u>2</u>		<u>Sep 30th</u> , 191 <u>2</u> , to <u>Oct 2nd</u> , 191 <u>2</u>	
(Month) (Day) (Year)		that I last saw her alive on <u>Oct 1st</u> , 191 <u>2</u>	
AGE	IF LESS than	and that death occurred, on the date stated above, at <u>6 P.</u> m.	
<u>2</u> yrs. <u>10</u> mos. <u>10</u> ds.	1 day, ___ hrs. or ___ min.?	The CAUSE OF DEATH* was as follows:	
OCCUPATION		<u>Gastro-enteritis</u>	
(a) Trade, profession, or particular kind of work	<u>+</u>		
(b) General nature of industry, business, or establishment in which employed (or employer)	<u>+</u>		
BIRTHPLACE		(Duration) ___ yrs. ___ mos. ___ ds.	
(City or town, State or foreign country) <u>Bonnet Terre MO</u>		<u>1195</u>	
PARENTS	NAME OF FATHER	Contributory	
	<u>Chas. Perry</u>	<u>Don't know</u>	
	BIRTHPLACE OF FATHER	(SECONDARY)	
	<u>Charleston MO</u>	(Duration) ___ yrs. ___ mos. ___ ds.	
MAIDEN NAME OF MOTHER	(Signed)	<u>A. L. Quane</u> M. D.	
<u>Emma Black</u>	<u>Oct 3rd</u> 191 <u>2</u>	(Address) <u>Bonnet Terre MO</u>	
BIRTHPLACE OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.		
<u>Perryville CO MO</u>	LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.	
(Informant)	<u>Chas Perry</u>	Where was disease contracted if not at place of death?	
(ADDRESS)	<u>Bonnet Terre MO</u>	Former or usual residence	
Filed	<u>Oct 3</u> 191 <u>2</u>	PLACE OF BURIAL OR REMOVAL	
	<u>F. A. Lee</u>	<u>Bonnet Terre MO</u>	
	REGISTRAR	DATE OF BURIAL	
		<u>Oct 3</u> 191 <u>2</u>	
		UNDERTAKER	
		<u>F. A. Benham</u>	
		ADDRESS	
		<u>Bonnet Terre MO</u>	

United States Standard Certificate of Death

[by U. S. Census and American Public Health
Association]

of occupation.—Precise statement of occu-
pation is important, so that the relative health-
ful pursuits can be known. The ques-
tion each and every person, irrespective of
any occupations a single word or term on
which will be sufficient, e. g., *Farmer* or *Planter*,
Impositor, *Architect*, *Locomotive engineer*,
Stationary fireman, etc. But in many
cases in industrial employments, it is neces-
sary to state (a) the kind of work and also (b) the
business or industry, and therefore an
example is provided for the latter statement; it
is to be used only when needed. As examples: (a)
Cotton mill; (a) *Salesman*, (b) *Grocery*;
(b) *Automobile factory*. The material
may form part of the second statement.
In "Laborer," "Foreman," "Manager,"
etc., without more precise specification, as
Farm laborer, *Laborer—Coal mine*, etc.
Persons, who are engaged in the duties of the
housewife (not paid *Housekeepers* who receive a
salary), may be entered as *Housewife*, *House-
wife*, and children, not gainfully employed,
as *At home*. Care should be taken to re-
cord the occupations of persons engaged in
service for wages, as *Servant*, *Cook*, *House-
wife*; if the occupation has been changed or given
up, it of the DISEASE CAUSING DEATH, state oc-
currence of illness. If retired from busi-
ness, it may be indicated thus: *Farmer* (re-
tired). For persons who have no occupation
state *None*.

of cause of death.—Name, first, the
DISEASE CAUSING DEATH (the primary affection with re-
spect to time and causation), using always the same
term for the same disease. Examples: *Cere-
bral meningitis* (the only definite synonym is "Epidemic
meningitis"); *Diphtheria* (avoid use of
Typhoid fever (never report "Typhoid
fever"); *Lobar pneumonia*; *Bronchopneumonia*
unqualified, is indefinite); *Tuberculosis*
pneumoniae, etc., *Carcinoma*, *Sar-*

coma, etc., of _____ (name origin; "Cancer" is
less definite; avoid use of "Tumor" for malignant
neoplasms); *Measles*; *Whooping cough*; *Chronic valvular
heart disease*; *Chronic interstitial nephritis*, etc. The
contributory (secondary or intercurrent) affection need
not be stated unless important. Example: *Measles* (dis-
ease causing death), 29 ds.; *Bronchopneumonia* (sec-
ondary), 10 ds. Never report mere symptoms or ter-
minal conditions, such as "Asthenia," "Anaemia"
(merely symptomatic), "Atrophy," "Collapse," "Coma,"
"Convulsions," "Debility," "Congenital," "Senile," etc.),
"Dropsy," "Exhaustion," "Heart failure," "Haemor-
rhage," "Inanition," "Marasmus," "Old age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease
can be ascertained as the cause. Always qualify all
diseases resulting from childbirth or miscarriage, as
"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc.
State cause for which surgical operation was under-
taken. For VIOLENT DEATHS state MEANS OF INJURY and
qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as
probably such, if impossible to determine definitely.
Examples: *Accidental drowning*; *Struck by railway
train—accident*; *Revolver wound of head—homicide*;
Poisoned by carbolic acid—probably suicide. The na-
ture of the injury, as fracture of skull, and conse-
quences (e. g., *sepsis*, *tetanus*) may be stated under the
head of "Contributory." (Recommendations on state-
ment of cause of death approved by Committee on
Nomenclature of the American Medical Association.)

